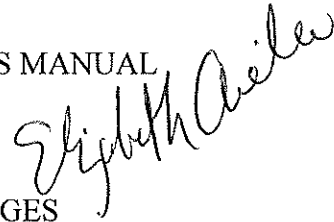


MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

December 8, 2009

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: CHARLES DUARTE, ADMINISTRATOR
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 600 – PHYSICIAN’S SERVICES



BACKGROUND AND EXPLANATIONS

While reviewing Medicaid Services Manual (MSM) Chapter 600 for updates, it was noted that there were some policies that stated a prior authorization (PA) was required for a particular service, but the MMIS system did not have a PA requirement. Therefore, a system change request was submitted to align the MMIS system with the policy and the affected codes were given a PA requirement of 01 (always requires a PA) so that the policy and the system were identical. This was accomplished in June 2009.

Upon further review by the medical director of our QIO-like vendor, the recommendation was made to change the policy on the affected codes so that a PA is no longer required for the codes in question as it is unlikely a PA process would garner any savings for the State given the cost of the procedures. A PDR will also be done to change the PA type to 00 (no PA required) on these codes. Changes will be effective upon approval of the public hearing.

MATERIAL TRANSMITTED

MTL N/A

CHAPTER 600 – PHYSICIAN’S SERVICES

MATERIAL SUPERSEDED

MTL N/A

CHAPTER 600 – PHYSICIAN’S SERVICES

Attachment A Policy #6-02

Added “NOT”

Attachment A Policy #06-04

Added “NOT”

Attachment A Policy #06-11

Added “IS NOT REQUIRED”

Deleted “(PAR): ☒ YES ☐ NO”